



035737-000003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Michael D. Laufer
SERIAL NO.: 10/687,954
FILING DATE: October 17, 2003
TITLE: MINIMALLY INVASIVE GASTROINTESTINAL BYPASS
ART UNIT: [not yet assigned]
EXAMINER: [not yet assigned]

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Commissioner for Patents
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PRELIMINARY AMENDMENT

Dear Sir:

Please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Amendments to the Drawings begin on page 16 of this paper.

Remarks begin on page 17 of this paper.



PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/687,954	
	Filing Date	10/17/03	
	First Named Inventor	Michael D. Laufer	
	Art Unit	[not yet assigned]	
	Examiner Name	[not yet assigned]	
Total Number of Pages in This Submission		Attorney Docket Number	035737-000003

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Preliminary Amendment
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Adrienne Yeung, Reg. No. 44,000 - Thelen Reid & Priest LLP		
Signature			
Date	12/16/03		

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